

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

I. NAME OF INSTALLATION
II. MAILING ADDRESS
III. LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

NAME OF INSTALLATION

POSTOFFICE ADDRESS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

65 R+202 PO BOX 338

CITY OR TOWN

ZIP CODE

BEARMAN'SVILLE MS

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

65 MORRISTOWN RD R+202

CITY OR TOWN

ZIP CODE

BEARMAN'SVILLE MS

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

LAUREN ZI, BILL SERVICE MGR.

201 766 0900

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CALDWELL JOE

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

A. GENERATION

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

B. TRANSPORTATION (complete item VII)

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify)

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

A. FIRST NOTIFICATION

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

90 MAR -1 PM 1:36

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2.73.70

William Kautz

DATE SIGNED _____

NAME & OFFICIAL TITLE (type or print)

SIGNATURE

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

X. CERTIFICATION

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 49 CFR Parts 261.21 - 261.24.)

| | | | |
|--|--|--|--|
| (D001) <input checked="" type="checkbox"/> IGNITABLE | (D002) <input checked="" type="checkbox"/> CORROSIVE | (D003) <input type="checkbox"/> REACTIVE | (D004) <input checked="" type="checkbox"/> TOXIC |
|--|--|--|--|

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

1.0. - FOR OFFICIAL USE ONLY



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

03/20/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

| | |
|-------------------------|--|
| EPA I.D. NUMBER -> | NJD986576627 |
| FACILITY NAME -> | PORSCHE AUDI OF BERNARDSVILLE |
| MAILING ADDRESS -> | PO BOX 338/65 MORRISTOWN RD BERNARDSVILLE, NJ 07924 |
| INSTALLATION ADDRESS -> | 65 MORRISTOWN RD & RTE 202 BERNARDSVILLE, NJ 07924 |

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

Corrected

TO: LAURENZI, BILL - *SVC* **SERV MGR**
PORSCHE AUDI OF BERNARDSVILLE
PO BOX 338/65 MORRISTOWN RD
BERNARDSVILLE, NJ 07924



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OF HAZARDOUS WASTE ACTIVITY**

04/09/91

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EPA I.D. NUMBER ->

NJD986576627

FACILITY NAME ->

PORSCHE AUDI OF BERNARDSVILLE

MAILING ADDRESS ->

PO BOX 338/65 MORRISTOWN RD
BERNARDSVILLE, NJ 07924

INSTALLATION ADDRESS ->

65 MORRISTOWN RD & RTE 202
BERNARDSVILLE, NJ 07924

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26 FEDERAL PLAZA
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ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: LAURENZI BILL SERVICE MGR
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BERNARDSVILLE, NJ 07924